



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Yes Enterprises, LLC dba Elite Health Care	Region(s):	7
Agency Type:	Res Hab	Survey Dates:	05/25/16-05/26/16
Certificate(s):	RHA-5365	Certificate(s) Granted:	<input checked="" type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.201.02. 201.ADMINISTRATION. 02. Structure. The administrative responsibilities of the agency must be documented by means of a current organizational chart. (3-20-04)	<p>The agency lacked documentation of a current organizational chart.</p> <p>The agency corrected the deficiency during survey. The agency is required to complete questions 2-4 on the plan of correct.</p>	<p>1. <i>Click here to enter text.</i></p> <p>2. <i>It was determined that some staff and participants were affected by this deficiency. Agency will ensure that responsibilities of those in the chart are outlined, along with who they supervise. If deficient, flow chart will be reassessed to meet standards, and show current structure of agency.</i></p> <p>3. <i>Administrator</i></p> <p>4. <i>Annual review of chart or when changes in administration are made.</i></p>	8/26/2016
16.04.17.202.01.b. 202.ADMINISTRATOR. 01. Administrator Qualifications. Each agency must have a designated administrator who: b. Has satisfactorily completed a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	<p>The administrator's record lack documentation he satisfactorily completed a criminal history check within rule requirements.</p> <p>For example: Employee 29's record lacks documentation he satisfactorily completed the criminal history per IDAPA 16.05.06. The employee's DOH was 05/09/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are</p>	<p>1. <i>It has been placed in orientation to apply and sign off on criminal history check if it is needed to transfer or set appointment.</i></p> <p>2. <i>It was determined that some participants and staff were affected by this deficiency. Agency will go through records online at DHW to see status of employee finger prints for background checks. If deficient they will be pulled from client interaction and appointment will be set, or if they have been found in violation of Elites Policy for</i></p>	08/26/2016



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	<p>pending and not available to work. The agency completed a local Idaho State Police Check for the employee, but did not attach the employee's name to the DHW CHC.</p>	<p><i>Criminal history and background checks or within the denial in the IDAP 16.05.06 review by the department sections 200 and 210 termination course of action will take place.</i> <i>3. Staffing coordinator and Administrator</i> <i>4. Administrator will conduct quarterly criminal history checks through the Department to ensure all employees are within the IDAPA rules for employment.</i></p>	
<p>16.04.17.203.01. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 01. Rights. Personal, civil, and human rights. (7-1-95)</p>	<p>Three of four employee record review lacked documentation the employee received rights orientation training.</p> <p>For example: Employee 1, 2, 3's record lacked documentation the employee received orientation training on Personal, civil and human rights.</p>	<p><i>1. Employee training has been put in place to train current staff on this deficiency as well as being put into orientation training for new hires.</i> <i>2. It has been determined that some participants and staff have been affected by this deficiency. Administrator has held staff training to get all employees trained in this deficiency. As part of new hire orientation and training this section has now been included in that training.</i> <i>3. staffing coordinator and QIDP</i> <i>4. Quarterly employee records review to ensure each employee has this training as well as yearly retraining on these issues.</i></p>	8/26/2016



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<p>16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 05. Review of Services. A review of the specific services that the participant requires.</p>	<p>Three of four employee record review lacked documentation the employee received orientation training prior to accepting participants.</p> <p>For example: Employee 1, 2, 3's record lacked documentation of a review of the specific services that the participant requires.</p> <p>In addition, employee 2, 3, 4's record lacked documentation of training specific to the needs of the participant(s) serviced. For example: Employee 2 works with participant 2 who has been diagnosed with CP, seizures, behaviors, mental health and no documentation the employee received training regarding his specific needs. Employee 3 works with participant 3 who has been diagnosed with CP, seizures and no documentation the employee received training regarding his specific needs. Employee 4 works with participant 4 who has been diagnosed with mood disorder; Parkinson's and no documentation the employee received training regarding his specific needs.</p>	<p>1. Staff coordinator has changed orientation to include said deficiency, Administrator is holding staff trainings to address this for staff. 2. Administrator and coordinator will set up staff trainings to update this training in training logs. 3. QIDP and Administrator 4. Administrator will conduct monthly reviews of staff training logs to ensure staff are receiving training by QIDP on participant needs prior to working with participants and as part of ongoing training. QIDP will sign off on participant specific training logs along with staff during orientation training sessions.</p>	8/26/2016
16.04.17.301.03.d.	One of four employee record lacked	1. Administrator addressed employee and put a	8/26/2016



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301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: d. Other qualifications (if licensed in Idaho, the original license number and the date the current registration expires, or if certificated, a copy of the certificate); and (7-1-95)	documentation the employee was medication certified per IDAPA 23.01.01. For example: Employee 1 was observed with participant 1 and the employee stated he observes the participant take his medications, but there is no documentation the employee is medication certified. The Med. Care Eval. Form does not address whether the participant can self-administer or needs assistance with medications.	<i>document in client binder stating that client is independent in his medication administration, not needing any supervision.</i> <i>2. Med assist class has been scheduled for staff involved in this process, and all meds are being passed by qualified staff only.</i> <i>3. Administrator</i> <i>4. Monthly house visits and summaries in which QIDP reviews med logs for errors and signatures.</i>	
16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	29 of 29 employees who provide direct care to the participants lacked documentation the employee completed the Criminal History and Background Check per IDAPA 16.05.06. For example: Employee 1's date of hire (DOH) was 04/05/16 and was not added to the DHW Criminal History Clearance (CHC) until 05/26/16. The agency completed a local Idaho State Police (ISP) check only. Employee 2's DOH was 03/11/16 and was not added to the DHW CHC until 05/26/16. Employee 3's DOH was 03/11/16 and was not added to the DHW CHC until 05/26/16. The employee's fingerprints are pending and not available to work.	<i>1. Administrator and Staffing coordinator have gotten staff transfers for those who can, and dates set for rest of staff to get fingerprints, by June 8th or walk-ins on Fridays in Idaho Falls.</i> <i>2. It has been determined that some of the participants and staff have been affected by this deficiency. Staffing coordinator has created check list that identifies background check area, and open going through orientation new hires will log on to fill out needed paperwork and get them notarized. Administrator will do any transfer paperwork online and through local checks.</i> <i>3. Staffing Coordinator and Administrator</i> <i>4. Orientation checklist and review of staff files ensuring clearance letter has been received. Administrator will do semi-annual DHW criminal</i>	8/26/2016



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	<p>Employee 4's DOH was 05/23/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 5's DOH was 02/03/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 6's DOH was 02/11/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 7's DOH was 02/15/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 8's DOH was 03/11/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 9's DOH was 03/10/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 10's DOH was 01/28/16 and was not added to the DHW CHC.</p> <p>Employee 11's DOH was 02/25/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 12's DOH was 03/09/16 and was not added to the DHW CHC until 05/26/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 13's DOH was 03/01/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 14's DOH was 03/23/16 and was not added to the DHW CHC until 05/26/16. The</p>	<p><i>history and background checks to ensure staff are in compliance of Elite policies.</i></p>	



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	<p>employee's fingerprints are pending and not available to work.</p> <p>Employee 15's DOH was 03/21/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 16's DOH was 03/07/16 and was not added to the DHW CHC.</p> <p>Employee 17's DOH was 03/23/16 and was not added until 05/26/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 18's DOH was 03/16/16 and was not added to the DHW CHC until 05/26/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 19's DOH was 04/06/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 20's DOH was 04/06/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 21's DOH was 04/04/16 and was not added to the DHW CHC until 05/25/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 22's DOH was 04/18/16 and was not added to the DHW CHC.</p>		



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	<p>Employee 23's DOH was 04/20/16 and was not added to the DHW CHC.</p> <p>Employee 24's DOH was 04/29/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 25's DOH was 04/26/16 and was not added to the DHW CHC.</p> <p>Employee 26's DOH was 05/16/16 and was not added to the DHW CHC.</p> <p>Employee 27's DOH was 05/16/16 and was not added to the DHW CHC until 05/26/16.</p> <p>Employee 28's DOH was 05/16/16 and was not added to the DHW CHC until 05/26/16. The employee's fingerprints are pending and not available to work.</p> <p>Employee 30's DOH unknown but the employee completed a nursing care plan on 01/27/16 and was not added to the DHW CHC. This individual no longer works for the agency.</p>		
<p>16.04.17.302.03.</p> <p>302.SERVICE PROVISION PROCEDURES.</p> <p>03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program. (3-20-04)</p>	<p>Three of four participant record lack documentation of a review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program.</p> <p>For example: Participant 1's record lacks documentation of quarterly review, he started 02/01/16 and no</p>	<p>1. A quarterly calendar has been established and QIDP will visit homes to conduct review of services and satisfaction surveys, then mark calendar and submit review and survey documents into client files.</p> <p>2. It has been determined that some of the participants and staff have been affected by this deficiency. To correct this deficiency QIDP has Set calendar in place to do quarterly client reviews of</p>	8/26/2016



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	<p>satisfaction for this quarter.</p> <p>Participant 2's record lacks documentation of quarterly satisfaction.</p> <p>Participant 3's record lacks documentation of a quarterly satisfaction.</p>	<p><i>these areas, notify administrator upon completion of reviews and surveys, at which time Admin. Will sign of on calendar and notify needed parties of any changes that need to be made.</i></p> <p>3. QIDP and Administrator</p> <p>4. QIDP will conduct monthly house visits and quarterly reviews of these areas. Administrator will conduct bi-weekly meeting with QIDP to see progress of and sign off on visits/review check list.</p>	
<p>16.04.17.400.01.</p> <p>400.PARTICIPANT RECORDS.</p> <p>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)</p>	<p>Three of four participant record review lacks documentation all entries made into a participant record must be dated and signed in ink.</p> <p>For example:</p> <p>Participant 2, 3, 4's record med. Logs were left blank for several medications and dates and no documentation as to why this medication was not given.</p>	<p>1. Administrator has put a staff medication tracking log along with Bi-monthly home visits to review client med logs.</p> <p>2. It has been determined that participants and staff have been affected by this deficiency. Bi-weekly home visits to check med logs by QIDP along with tracking log that has each staff checking medication for proper signatures and dates in correct areas before starting and leaving a shift.</p> <p>3. QIDP</p> <p>4. Bi-monthly home visits by QIDP to check logs</p>	8/26/2016
<p>16.04.17.400.02.a</p> <p>400.PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information:</p> <p>a. Name, address and current phone number of</p>	<p>One of four participant record lack documentation of name, address and current phone number for the participant.</p> <p>For example:</p>	<p>1. Administration has gone through current books to fill out and make sure they are completed, along with Guardians or TSC if needed.</p> <p>2. Review of participant binders to ensure</p>	8/26/2016



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the participant. (3-20-04)	Participant 4's record lacked the address. It included the street, but no street address.	<i>information is updated and filled out, check with TSC for information needed.</i> 3. QIDP 4. Monthly participant records review, checking and updating any needed information.	
16.04.17.400.02.c. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: c. Gender and marital status. (3-20-04)	Two of four participant record lack documentation of gender and marital status. For example: Participant 2, 3's record lacked gender and marital status.	1. Administration has gone through participant books to update information and add in these areas. 2. Ensure master copy of intake packet is updated with needed information and do QA monthly on participant books 3. QIDP 4. Monthly book review of participants, updating any needed information	08/26/2016
16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)	Four of four participant record lacked results of a history and physical.	1. Administrator has notified TSC and participant Doctors to obtain needed information. 2. Notified TSC that this is something needed on our side as per state rules. 3. QIDP and Administrator 4. Monthly participant book reviews in which information will be updated. Using a check list to monitor as well.	8/26/2016
16.04.17.400.02.k. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: k. Habilitation program, including documentation of planning, continuous evaluation, and	Three of four participant record lack documentation of habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program.	1. Administrator and QIDP have started going through books to add baselines and calculate data to see were progress is for participants. 2. Proper plan implementation setup including baselines and data-based programs will be part of incoming QIDP plan process along with	8/26/2016



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<p>participant satisfaction with the program. (3-20-04)</p> <p>Also see IDAPA 16.04.17.010.22 Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04)</p> <p>And;</p> <p>IDAPA 16.04.17.011.01 Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)</p>	<p>For example: Participant 1, 2, 3's program implementation plans lack baselines unable to determine progress or continuously evaluate.</p>	<p><i>Monthly data book reviews to check plan progress.</i></p> <p><i>3. QIDP and Administrator</i></p> <p><i>4. Monthly data checks by QIDP and Administration</i></p>	
<p>16.04.17.402.01.a. 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and</p>	<p>Four of four participant record lack documentation the agency informed the participant or legal guardian of the participant's rights and the rules of the agency.</p> <p>For example: Participant 1, 2, 3, 4's rights form the agency</p>	<p><i>1. Administration has updated the participant rights and rules, and gotten signature from responsible parties.</i></p> <p><i>2. Rights page within intake packet has been updated, and explained to participants and guardians.</i></p> <p><i>3. QIDP</i></p>	<p>8/26/2016</p>



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includes the following: a. Inform each participant, or legal guardian, of the participant's rights and the rules of the agency; (3-20-04)	uses in its intake packet does not list all of the rights below. It has a combination of DDA and RH rights but not all RH rights are listed.	4. <i>Monthly participant book reviews to ensure all required signature pages are updated.</i>	
16.04.17.405.08.a. 405. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: a. Chemical restraint. Employees or contractors of the agency must not use chemical restraint unless authorized by an attending physician.	The agency's policies and procedures for treatment of participants do not address the use of chemical restraint.	1. <i>The use of physical and chemical restraints was added to the policy and procedure log.</i> 2. <i>It has been determined that some of the participants and staff have been affected by this deficiency. This has been added to the abuse and neglect policy on which staff have been retrained and will be on new hire checklist.</i> 3. <i>Staffing coordinator and QIDP</i> 4. <i>Annual reviews of policies and procedure book to ensure DHW rules are in place in regards to this.</i>	8/26/2016

Agency Representative & Title: Nick Browneller Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/9/2016
Department Representative & Title: Pam Loveland-Schmidt <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 6/9/2016